

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER	<i>DW</i>	<i>32</i>	<i>12/15</i>
FORMALITY REVIEW	<i>LCK</i>	<i>1034</i>	<i>3-27-01</i>
RESPONSE FORMALITY REVIEW			

INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral) ... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

Claim	Date
Final Original	
1	4/16/04
2	✓
3	✓
4	✓
5	✓
6	✓
7	✓
8	✓
9	✓
10	✓
11	✓
12	✓
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36	✓
37	✓
38	✓
39	✓
40	✓
41	✓
42	✓
43	✓
44	✓
45	✓
46	✓
47	✓
48	✓
49	✓
50	✓

Claim	Date
Final Original	
51	11/6/04
52	✓
53	✓
54	✓
55	✓
56	✓
57	✓
58	✓
59	✓
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Claim	Date
Final Original	
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If more than 150 claims or 10 actions  
 staple additional sheet here

(LEFT INSIDE)

*2/12/07*